

**AUTHORIZATION TO RELEASE INFORMATION FROM THE  
ADULT/CHILD PROTECTIVE SERVICES CENTRAL REGISTRY**

DHS 1507  
INSTRUCTIONS

PURPOSE:

DHS 1507 shall be completed by individuals who are requesting the release of information from the Protective Services Central Registry of the Adult and Community Care Services (ACCS) Branch and the Child Welfare Services (CWS) Branch. By completing this form, the individual authorizes the Department of Human Services (DHS) or its designee to conduct a Protective Services Central Registry Check and to release the information to the individual or to a third party as specified by the individual.

SPECIFIC INSTRUCTIONS: **PRINT LEGIBLY IN BLACK INK OR TYPE ALL ENTRIES.**

DHS or its designee shall return the form for clarification if entries are unreadable.

1. Check the appropriate box for an **Initial** or **Recertification** Protective Services Central Registry Check.
2. Check *only one* of the programs that applies to your application for employment, licensure, certification, or to become a volunteer.
3. Enter the individual or agency to whom the information is to be released and the address where the information is to be sent. When information is being released to an agency, enter the name of the individual within the agency who is to receive the information, if applicable.
4. Check the appropriate box(es) for the Protective Services Central Registry Check(s) that you are requesting. Depending upon the program or agency that is requiring you to have a Protective Services Central Registry Check, you may be checking the Adult Protective Services (APS) box, the Child Abuse and Neglect (CAN) box, or both. If you are not sure which box(es) to check, please ask your program or agency.
5. Enter your full name, date of birth, social security number, telephone number, any aliases including maiden name, and current address.
6. **Authorization to release information:** Read the information within the box and enter the date or the event when you wish the authorization to expire. Note that the authorization will expire one year from the date you sign the form if no date is included. Sign and date the form at the bottom of page 1 in the spaces provided.
7. Mail or FAX the completed form to DHS' designee:  
Insights to Success, Inc. (ITS)  
P. O. Box 1290  
Honolulu, Hawaii 96807  
FAX #: 532-8331

**DHS OR ITS DESIGNEE RESPONSIBILITY:** In the "FOR OFFICIAL USE ONLY" section on page 2:

1. *Print* the full name and date of birth of the requesting individual.
2. *Complete* the APS/CAN Central Registry Clearance and *check* the appropriate box(es) indicating the results of the clearance. *Write in* the dates of confirmation as applicable.
3. *Enter* the name of the worker completing the clearance and the worker's phone number.
4. *Enter* the date the clearance was completed.
5. *Retain* the ORIGINAL completed DHS 1507 and *file* for future reference.
6. *Mail* a photocopy of the completed DHS 1507 to the requesting individual or agency.
7. **DHS/SSD/CWS ONLY:** For programs with an asterisk (\*) on the top of page 1:
  - a. *Send* ORIGINAL completed DHS 1507 to CWS FHLU;
  - b. *Mail* photocopy to the requesting agency; and
  - c. *Retain* photocopy and *file* for future reference.

**FORM SUPPLY:**

DHS 1507 shall be photocopied as needed or may be downloaded from the DHS website:  
**<http://hawaii.gov/dhs/backgroundcheck>**